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CONFIRMATION NO. 7147

Bib Data Sheet

SERIAL NUMBER 10/696,041	FILING OR 371(c) DATE 10/29/2003 RULE	CLASS 602	GROUP ART UNIT 3772	ATTORNEY DOCKET NO. ZM244/03001
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APPLICANTS

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3/29/03

**** CONTINUING DATA *******

This appln claims benefit of 60/422,292 10/30/2002 and claims benefit of 60/499,118 08/29/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 02/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	FL	25	64	10
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

27868

TITLE

Simplified one-handed preemptive medical procedure site dressing to prevent sharps injuries and exposure to bloodborne pathogens

FILING FEE RECEIVED 1147	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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